



COMMUNITY BENEFIT REPORT
& IMPLEMENTATION STRATEGY Fiscal Year 2017

SUBMITTED TO:
Office of Statewide Health and Planning
and Development
Healthcare Information Division
Accounting and Reporting Systems Section
Sacramento, California



MARSHALL
MEDICAL CENTER

It's about you

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WHAT IS COMMUNITY BENEFIT?

Community Benefit programs are designed to directly influence access to care aiming to improve the health status of the community. Community Benefit reporting is governed under an IRS reporting requirement (Form 990 Schedule H) at the federal level and a California state law (SB697), which requires non-profit hospitals to submit a community benefit plan and annual report demonstrating what the hospital has provided to the community over the prior fiscal year.

Community benefit programs must meet at least one community benefit objective and within the objective one of these conditions must be met:

- **Improve access to health services** – Program is broadly available to the public, include vulnerable or underserved persons, barrier to access is reduced, without the program the community would lose access to a needed service.
- **Enhance health of the community** – Program is designed around public health goals, yields measurable improvement in health status or without it, health status would decline; operated in collaboration with public health partners.
- **Advance medical or health care knowledge** – Program trains health professionals or students, does not require trainees to join staff, open to professionals in the community, involves research with findings available to the broader public in a reasonable amount of time.
- **Relieve or reduce the burden of government or other community effort** – Program relieves a government financial or programmatic burden, government provides the same or similar service but not duplicative or competitive, government provides funding of activity, if program is closed there would be a greater cost to the government and/or another non-profit, receives philanthropic support through community volunteers or contributions.

Examples of Community Benefit programs and activities at Marshall Medical Center include charity care (uncompensated care and uninsured care), support groups, health education and health screenings.

ABOUT MARSHALL MEDICAL CENTER

Marshall's History

In the late 1950s a group of local citizens saw a great need for improved healthcare services in El Dorado County. The citizens formed a committee to petition the state of California for a nonprofit charter under which a hospital could be built and operated. As a result of this, plans were drawn, funds were solicited, Michigan California lumber company donated land for a hospital site, and Marshall Hospital opened its doors in 1959. A group of dedicated employees worked hard to make the original 49 bed hospital a success.

Marshall Medical Center derives its name from the pioneer James Marshall, who discovered gold at Sutter's Mill a few miles north of Placerville.

Marshall Facts

Marshall Medical Center is an independent, nonprofit community healthcare provider located in the heart of the Sierra Foothills between Sacramento and South Lake Tahoe. Marshall Medical Center includes Marshall Hospital, a fully accredited acute care facility with 125 beds (14 distinct patient skilled nursing beds) located in Placerville; several outpatient facilities in Cameron Park, Placerville, El Dorado Hills and Georgetown; a group of primary care physicians known as the Marshall Physician Clinic Services, specialists including cardiology and rheumatology; and many community health and education programs. Marshall has approximately 200 affiliated physicians and a team of more than 1,500 employees providing quality healthcare services to more than 180,000 residents of El Dorado County.

In 2017, Marshall provided healthcare services for 492 newborns, 134,528 outpatient visits and 28,245 emergency department visits. At the Marshall Hospital campus in Placerville, health services provided include:

- Emergency Department
- Cardiac Services
- Cardiac Rehabilitation
- Intensive Care/Critical Care Unit

- Birth Center
- 111 Acute Inpatient Beds
- Palliative Care
- Diagnostic Imaging Services
- Respiratory Care
- Surgery (outpatient/inpatient)
- Out Patient Physical Rehabilitation
- Out Patient Occupational Therapy
- Out Patient Speech Therapy
- Sleep Lab
- Transitional Care (14 Skilled Nursing Beds)
- Wound Care
- Laboratory

Offsite from the main hospital campus, Marshall has a strong commitment to providing the necessary health services and facilities to support the surrounding community including:

Placerville

- Cardiology Services
- Ear, Nose & Throat
- Family & Internal Medicine
- General Surgery
- Hearing Center
- Home Care
- Laboratory
- OB/GYN
- Orthopedics
- Pediatrics
- Pulmonology
- Urology

Georgetown

- Divide Wellness Center

Cameron Park

- Cancer Resource Center
- Cardiology Services
- Community Health Library

- Diabetes and Nutrition Education
- Diagnostic Imaging
- Family & Internal Medicine
- General Surgery
- Health Education Classes
- Hearing Center
- Hematology/ Oncology
- Infusion Center
- Laboratory
- Nephrology
- OB/GYN
- Outpatient Surgery
- Podiatry
- Psychiatry
- Rheumatology
- Urology

El Dorado Hills

- Cardiology
- Family Medicine
- Laboratory
- Orthopedics & Sports Medicine
- Physical and Speech Therapy

MISSION, VALUES AND PRINCIPLES

Vision Statement

Transforming healthcare for you through compassion, quality and innovation.

Mission Statement

Marshall Medical Center proudly serves the Western Slope of El Dorado County. Our mission is to improve the health of our community and offer health services of superior value and quality, centered on the goals and needs of our patients. We strive to deliver service that exceeds our patients' expectations.

Values and Principles

We at Marshall have dedicated our lives to healing, the prevention of illness and the promotion of wellness, working with chronically ill patients to help them live optimally within the limits of their condition. The Marshall community—employees, medical staff, volunteers, and leadership—embrace the following values and principles:

- **Our patients come first.** All other values are overshadowed by the proper care of those who entrust their lives to us. We embrace the diversity of our community and it is our privilege to partner with our patients in their health and to treat them with respect and compassion.
- **Healing is an art.** Medicine flourishes best in a healing environment. Our patients and their families are an essential part of the health care team. We empower them through our support, our example and our teaching. We recognize each patient is an individual and we adapt care to their personal needs. To enrich our healing environment, members of the Marshall community treat each other with the same respect we hold for our patients.
- **Medicine is a science.** Clinical care provided at Marshall is based on the application of nationally recognized best practices. We strive for continued improvement in all aspects of patient care, pursuing growth in our collective expertise. Excellence in prevention, diagnosis and treatment of disease are defined by documented clinical outcomes.
- **Our organization is not defined by walls.** Our organization is defined by the doors we open. The community is best served by a continuum of care, wherever those services are needed, meeting patients wherever they are in the spectrum of health. We reach out to emphasize primary care, prevention, education, research and collaboration with other organizations when their missions complement our own.
- **We bequeath Marshall to future generations.** Our community is best served by organizations that are locally owned and managed. To maintain

our independence and meet the present and future needs of the community, we manage Marshall's finances carefully. We strive to provide the highest quality of care while maintaining exceptional value and unparalleled service.

COMMUNITY SNAPSHOT

Source: www.welldorado.org

Location and Demographics

El Dorado County is located thirty miles east of Sacramento. As the site of James Marshall's first gold finding in 1848, El Dorado County became the epicenter for the gold rush madness that seized California in the nineteenth century. The gold rush brought visitors from Europe and Mexico, as well as other U.S. states. Their diverse cultural influence is still seen today in El Dorado County. El Dorado County encompasses 1,711 square miles and is home to approximately 186,000 people.

The largest age group in El Dorado County in 2018 is the 55-64 year-old range which represents 18 percent of the total county population. This group is followed by those ages 45-54 with 14 percent. Residents 55-74 make up a higher percentage of the population in El Dorado County than the state average.

Approximately 84 percent of residents in El Dorado County classify themselves as white in 2018, while statewide the white population is 55 percent. Hispanics represented the next largest group, with 13 percent of the population. Asians are 4 percent and American Indians and Black/African Americans are each 1 percent of the population.

The median household income in El Dorado County in 2016 was \$72,586 – above the average in California, which is \$63,000. El Dorado County's median household income has been higher than the state average since 2000, indicating that its residents have more spending power than the average Californian.

The average poverty rate in El Dorado County in 2018 was 7 percent, well below the statewide average of 12 percent.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

Community Health Needs Assessment (CHNA) Background/Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Marshall Medical Center (Marshall). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

This report documents the processes, methods, and findings of the CHNA conducted in partnership with Marshall Medical Center, located at 1100 Marshall Way, Placerville, CA 95667. Building on federal and state requirements, the objective of the 2016 CHNA was:

To identify and prioritize community health needs and identify resources available to address those health needs, with the goal of improving the health status of the community at large and for specific locations and/or populations experiencing health disparities.

Definition of Community Served

The Marshall Medical Center Hospital Service Area (HSA) is comprised of 17 ZIP codes in El Dorado County, California. The community or HSA is defined as the geographic area (by ZIP code) in which the hospital receives its top 80% of discharges.

2016 Community Health Needs Assessments Process Overview

The 2016 CHNA project was led by Valley Vision Inc. and conducted over a period of eighteen months, beginning in November of 2015 and concluding in June 2016. Through rigorous analyses of over 170

quantitative indicators, three focus groups, and five key informant interviews, eight priority significant health needs were identified.

2016 CHNA Prioritized Significant Health Needs

The following significant health needs, listed in prioritized order, were identified in the 2016 CHNA for the Marshall Medical Center HSA. The description of each health need includes examples of indicators that were examined to identify the health needs from the 2016 CHNA process. The prioritized order does not reflect the selection process for the health needs that were chosen to be addressed through the 2017-2019 implementation strategy. The listing of health behaviors, outcomes, and physical environment factors stated within each health needs are provided as examples only, and do not imply either a negative or positive condition or correlation.

- **Access to Behavioral Health Services**
This health need encompasses access to mental health and substance abuse prevention and treatment services. This category also includes health behaviors (e.g. substance use), health outcomes (e.g. chronic obstructive pulmonary disease, or COPD) and aspects of the social and physical environment (e.g. social support and number of liquor stores per 100,000 population) associated with mental health and/or substance abuse issues.
- **Safe, Crime and Violence Free Communities**
This health need includes safety from violence and crime including violent crime, property crimes and domestic violence. This need includes health behaviors (e.g. assault), health outcomes (e.g. mortality - homicide), and aspects of the physical environment (e.g. access to liquor stores) associated with safety issues.
- **Active Living and Healthy Eating**
This health need includes health behaviors (e.g. fruit and vegetable consumption), health outcomes (e.g. diabetes) and aspects of the physical environment/living conditions (e.g. food deserts) associated with active living and healthy eating.

- **Disease Prevention, Management, and Treatment**

This health need encompasses health outcomes that require disease prevention and/or management and treatment including: cancer, cardiovascular disease/stroke, HIV/AIDS/STIs and asthma. Also included in this category are health behaviors associated with chronic and communicable disease (e.g., screening rates), health outcomes that are associated with these diseases or conditions (e.g. hypertension), and associated aspects of the physical environment (e.g. park access).

- **Affordable and Accessible Transportation**

This health need includes the need for public or personal transportation options, transportation to health services and options for persons with disabilities.

- **Access to High Quality Health Care and Services**

This health need encompasses access to primary and specialty care, dental care and maternal and infant care. This health need also includes health education and literacy, continuity of care, care coordination and patient navigation, including linguistically and culturally competent services. Health behaviors associated with access to care (e.g. cancer screening), health outcomes associated with access to care/lack of access to care (e.g. low birth weight), and aspects of the service environment (e.g. health professional shortage area) are also included in this category.

- **Basic Needs (Food Security, Housing, Economic Security, Education)**

This health need encompasses “upstream” factors including economic security (e.g. income), food security, housing (e.g. affordable housing), education (e.g. reading proficiency) and homelessness, all of which influence health outcomes and behaviors.

- **Pollution-Free Living and Work Environments**

This health need applies to both air and water pollution and includes health behaviors associated with pollution in communities (e.g. physical inactivity), associated health outcomes (e.g. chronic lower respiratory disease, or CLRD) and aspects of the physical environment (e.g. road network density).

COMMITMENT TO IMPROVE COMMUNITY HEALTH

Marshall Medical Center recognizes its obligation to provide service above and beyond its role as a healing facility. For nearly 60 years, Marshall has worked to promote the community's health and wellbeing and comparably, El Dorado County is thriving.

The following community benefits demonstrate tangible ways in which the organization is fulfilling

its mission to promote health improvement and provide health services of extraordinary value and quality to our community.

Marshall provides charity care and other financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services rendered.

Community Benefit and Economic Value Report Fiscal Year 2017 (November 2016 to October 2017)

	Persons Served	Total Expense	Offsetting Revenue	Net Benefit To Community	% of Organization	
					Expenses	Revenue
Health Care Services Rendered						
Charity Care	305	\$935,901	\$486,863	\$449,038	0.40%	0.22%
Financial Assistance	529	\$1,245,234	\$820,729	\$424,505	0.54%	0.36%
Means Tested / County Ind CMSP	5	\$8,980	\$8,596	\$384	0.00%	0.00%
Uninsured	3,107	\$2,473,470	\$1,158,360	\$1,315,110	1.07%	0.51%
Medi-Cal	15,951	\$53,800,638	\$30,497,401	\$23,303,237	23.19%	13.47%
Medicare	15,905	\$127,769,331	\$91,733,257	\$36,036,074	55.07%	40.53%
Total Health Care Services	35,803	\$186,233,555	\$124,705,206	\$61,528,349	80.28%	55.10%
Community Services						
Community Building Activities	unavailable	\$242,705	-	\$242,705	0.10%	0.00%
Community Health Improvement	2,935	\$2,262,177	9,222	\$2,252,955	0.98%	0.00%
Community Health Education	562	\$84,380	4,934	\$79,446	0.04%	0.00%
Community Health Needs Assessment	unavailable	\$25,027	-	\$25,027	0.01%	0.00%
Health Professionals Education	95	\$86,308	-	\$86,308	0.04%	0.00%
Financial and In-Kind Contributions	unavailable	\$66,018	3,025	\$62,993	0.03%	0.00%
Total Community Services	3,592	\$2,766,615	\$17,181	\$2,749,434	1.19%	0.01%
Total Community Benefit	39,395	\$189,000,170	\$124,722,387	\$64,277,783	81.47%	55.10%
<p>Note 1 - Health Care Services Rendered does not include any Financial Assistance or Charity Care for patients who had commercial insurance, but could not afford their "out of pocket" costs. The number of persons served and total expense would be greater if these patients were included.</p> <p>Note 2 - Expenses for "Health Care Services Rendered" were calculated using allocated cost from a cost accounting program.</p> <p>Note 3 - Marshall Medical Center's community service involvement benefits the entire hospital service area (population 152,000) in some way. The hospital service area is comprised of 17 ZIP codes in El Dorado County and is defined in more detail in the Community Health Needs Assessment.</p>						

2017-2019 IMPLEMENTATION STRATEGY

Process Overview

The 2017-2019 Implementation Strategy was developed over a five month period, beginning in August 2016 and concluding in December 2016. The development process began with identification of stakeholders from within Marshall Medical Center, public agencies and non-profit organizations to select and prioritize actions needed in response to the 2016 CHNA, from which a 14-member planning team was established. The Planning Team came together over three facilitated meetings as well as responded to a survey in order to identify and reach consensus on priorities and strategies to include in the Implementation Strategy. Through dialogue and critical examination, the Planning Team selected three of the eight priority health needs identified in the Community Health Needs Assessment to include in the Implementation Strategy. The Planning Team was deliberate in its selection of which health needs to include, assuring that substantive action could be taken in the prioritized areas, as opposed to spreading resources and attention too broadly to have meaningful impact.

The three health needs addressed through the Implementation Strategy are:

- Access to Behavioral Health Services;
- Disease Prevention, Management, and Treatment; and
- Access to High Quality Health Care and Services

Marshall Medical Center will address these health needs through a variety of strategies including expansion of provider capacity and patient utilization of services. The following sections of this report detail how Marshall Medical Center is addressing the above health needs through the Implementation Strategy and explain why specific strategies were not developed for the remaining health needs identified by the 2016 CHNA.

The 2016 Community Health Needs Assessment (CHNA) and the 2017-2019 Implementation

Strategy were initiated by Marshall Medical Center to meet the requirements enacted by the Internal Revenue Service (IRS) and the Patient Protection and Affordable Care Act (ACA). Internal Revenue Code section 501(r)(3) states that charitable hospitals are required to conduct a CHNA and adopt an implementation strategy to address the community health needs identified through the CHNA at least once every three years.

This Implementation Strategy outlines the significant health needs identified in the 2016 CHNA that Marshall Medical Center intends to address during the years 2017 through 2019. Furthermore, this Implementation Strategy identifies the significant health needs the hospital does not intend to address with a brief explanation of the reason for not addressing the selected health needs.

Health Need: Access to Behavioral Health Services

Strategy #1: Build capacity to provide mental health services within El Dorado County

ACTIONS

1. **Marshall Medical Center (MMC) will expand recruitment of behavioral health specialists, including but not limited to social workers and clinical psychiatrists, thereby expanding internal capacity to provide mental health services.**
 - Marshall began recruiting for a psychiatrist and licensed clinical social workers in 2016. After an exhaustive search, a psychiatrist was hired and began work in September 2017, seeing patients referred by Marshall primary care providers.
 - Marshall recruited two social workers in 2017, bringing the staff to a total of 6 social workers to assist patients with conditions spanning the entire health care continuum. Marshall's social workers provide individual counseling, assist with determining health and community resources and provide support to patients with serious or chronic illnesses.

2. MMC will strengthen partnerships with external entities, including El Dorado County, El Dorado Community Health Center, and the Shingle Springs Health and Wellness Center through consultation and coordinated services planning in order to expand external capacity to provide mental health and substance abuse prevention and treatment services.

- Since December, 2016, Marshall has participated in a joint effort with the El Dorado Community Health Center (EDCHC) and the California Healthcare Foundation in an effort to move people off opioid dependency through Medication Assisted Treatment (MAT) for opioid addiction. When a patient presents in Marshall's Emergency Department in withdrawal, the patient is offered participation in MAT, which includes a prescription of suboxone to alleviate withdrawal symptoms. The patient is also referred to outpatient therapy, currently through the EDCHC, where they meet with a doctor within 48 hours. They are put on daily medications and given psychotherapy. The robust program includes group sessions, counseling, and social services. Of the 27 patients referred to the program, 26 followed up with their outpatient appointment. Thirteen of the 26 are still attending and the balance have moved on to another program. Arianna Samson, PA, serves as the Northern California Coordinator for the program. Because of this participation and success rate, Marshall is being used as a model for other hospitals to roll out a similar program.
- Marshall's Chief Nursing Officer, Kathy Krejci, RN, serves on the board of the El Dorado Community Health Center, lending guidance, expertise and insight into linkages with Marshall's medical resources.
- Marshall's Chief Executive Officer, James Whipple, serves as an advisor to the El Dorado County Health Improvement Plan, offering input and insight into improving public health in the county.

- Marshall's Chief Operating Officer, Shannon Truesdell, RN, serves on the board of Access El Dorado (ACCEL) Steering Committee, a safety net provider network of multiple health care agencies in El Dorado County. ACCEL's work on care pathway development included a referral pathway for primary care providers to refer appropriate patients for pediatric mental health services. Marshall annually supports ACCEL through a \$25,000 contribution.
- Marshall's Business Development Executive Director Maia Schneider attended meetings with elected officials to advance Marshall's interests in pending legislation regarding health impacts. Together with CEO James Whipple, meetings were held with:

Assemblyman Kevin Kiley's health council

Congressman Tom McClintock

Senator Ted Gaines

Assemblyman Frank Bigelow
- Marshall's Business Development Executive Director, Maia Schneider, is on the El Dorado County Joint Powers Authority for Emergency Medical Services Board.
- Ms. Schneider also attended meetings in El Dorado County/Lake Tahoe Mental Health Collaborative.

3. MMC will designate a representative to participate in El Dorado County's Community Health Improvement Plan team(s) that plan to address mental health issues within El Dorado County.

- Marshall's Chief Executive Officer, James Whipple, serves as an advisor to the El Dorado County Health Improvement Plan, offering input and insight into improving access to care for the plan.

4. MMC will standardize best practices for provision of mental health services.

- Marshall's Chief Nursing Officer, Kathy Krejci, RN; Cindy Rice, RN, Marshall's VP of Clinical Nursing Services; Larry Schmidt, RN, Emergency Services Director and Michael Mirhadi, MD, Director of Emergency Medicine; hold monthly meetings with El Dorado County Public Health and leadership from Telecare, who runs the Psychiatric Healthcare Facility. They discuss and assess process, handoffs, and define working relationships, looking to improve continuity between the three entities.

ANTICIPATED IMPACTS

- Improve availability of and access to mental health services at Marshall Medical Center and within the community, striving for culturally and linguistically appropriate mental health services through recruitment of Spanish-speaking providers, to the extent possible
- Improve patient care management and outcomes
- Improve consistency of mental health care and services
- Align approaches and practices related to mental health care and services

PLAN TO EVALUATE

- MMC will establish baselines for current staffing levels as well as Emergency Department visits related to mental health issues.
- MMC will utilize the Kaizen team value stream analysis (a continuous improvement system) for opioid use across the continuum of care in order to evaluate performance and improve quality and access to care.
- Implementation of EPIC Electronic Health Record system will allow MMC to track patient referrals and outcomes for mental health issues within MMC.

EVALUATION METRICS

ED Visits and hospitalizations related to mental health

Compared to a baseline of 22% ED visits and IP hospitalizations related to mental health in 2016, the rate decreased to 18% in 2017, showing a positive impact that the efforts have made for mental health in the community.

Rate of patients served within 30 days of receiving a non-emergency referral from a Marshall PCP to a Marshall mental health provider

2016 was the baseline year for this measure, with 0% referral within 30 days to a Marshall mental health provider. In 2017, with the addition of the first Marshall psychiatrist, the rate has increased to 23% of PCP referred patients seen within 30 days for non-emergency services.

RESOURCES

MMC will commit financial resources to hire and train behavioral health specialists as well as to utilize Electronic Health Record systems. MMC will also offer staff support to promote and refer patients to programs offered by the County and within the community, as well as to work with community partners to align internal and external practices and approaches to prevention and treatment of mental health and substance abuse issues.

Health Need: Access to Behavioral Health Services

*Strategy #2
Access to Behavioral Health Services*

ACTIONS

1. Marshall Medical Center (MMC) will expand recruitment of behavioral health specialists, including but not limited to Licensed Clinical Social Workers and Clinical Psychiatrists, thereby expanding internal capacity to provide substance abuse services.
 - Marshall began recruiting for a psychiatrist and licensed clinical social workers in 2016. After an exhaustive search, a psychiatrist was

hired and began work in September 2017, seeing patients referred by Marshall primary care providers.

- Marshall recruited two social workers in 2017, bringing the staff to a total of 6 social workers to assist patients with conditions spanning the entire health care continuum. Marshall's social workers provide individual counseling, assist with determining health and community resources and provide support to patients with serious or chronic illnesses.

2. MMC will strengthen partnerships with external entities, including El Dorado County, El Dorado Community Health Center, and Shingle Springs Health and Wellness through consultation and coordinated services planning in order to expand external capacity to provide substance abuse prevention and treatment services.

- Since December, 2016, Marshall has participated in a joint effort with the El Dorado Community Health Center (EDCHC) and the California Healthcare Foundation in an effort to move people off opioid dependency through Medication Assisted Treatment (MAT) for opioid addiction. When a patient presents in Marshall's Emergency Department in withdrawal, the patient is offered participation in MAT, which includes a prescription of suboxone to alleviate withdrawal symptoms. The patient is also referred to outpatient therapy, currently through the EDCHC, where they meet with a doctor within 48 hours. They are put on daily medications and given psychotherapy. The robust program includes group sessions, counseling, and social services. Of the 27 patients referred to the program, 26 followed up with their outpatient appointment. Thirteen of the 26 are still attending and the balance have moved on to another program. Arianna Samson, PA, serves as the Northern California coordinator for the program. Because of this participation and success rate, Marshall is being used as a model for other hospitals to roll out a similar program.

- In June 2017, Marshall began participation in the El Dorado County Opioid Coalition. Marshall's Chief Nursing Officer, Kathy Krejci, RN, serves on the board of the El Dorado Community Health Center, lending guidance, expertise and insight into linkages with Marshall's medical resources.
- Marshall's Chief Executive Officer, James Whipple, serves as an advisor to the El Dorado County Health Improvement Plan, offering input and insight into improving public health in the county.
- Marshall's Chief Operating Officer, Shannon Truesdell, RN, serves on the board of Access El Dorado (ACCEL) Steering Committee, a safety net provider network of multiple health care agencies in El Dorado County. ACCEL's work on care pathway development included a referral pathway for primary care providers to refer appropriate patients for pediatric mental health services.
- Marshall's Business Development Executive Director, Maia Schneider, attended meetings with elected officials to advance Marshall's interests in pending legislation regarding health impacts. Together with CEO James Whipple, meetings were held with:
 - Assemblyman Kevin Kiley's health council four times in 2017.
 - Congressman Tom McClintock, two meetings in 2017
 - Senator Ted Gaines twice in 2017
 - Assemblyman Frank Bigelow twice in 2017
- Marshall's Business Development Executive Director, Maia Schneider is on the El Dorado County Joint Powers Authority for Emergency Medical Services, attending monthly board meetings starting Dec 2017.
- Ms. Schneider also attended meetings in El Dorado County/Lake Tahoe Mental Health Collaborative twice in 2017.

3. MMC will standardize best practices for provision of substance abuse services

- Since December, 2016, Marshall has participated in a joint effort with the El Dorado Community Health Center (EDCHC) and the California Healthcare Foundation in an effort to move people off opioid dependency through Medication Assisted Treatment (MAT) for opioid addiction. When a patient presents in Marshall's Emergency Department in withdrawal, the patient is offered participation in MAT, which includes a prescription of suboxone to alleviate withdrawal symptoms. The patient is also referred to outpatient therapy, currently through the EDCHC, where they meet with a doctor within 48 hours. They are put on daily medications and given psychotherapy. The robust program includes group sessions, counseling, and social services. Of the 27 patients referred to the program, 26 followed up with their outpatient appointment. Thirteen of the 26 are still attending and the balance has moved on to another program. Arianna Samson, PA, serves as the Northern California coordinator for the program. Because of this participation and success rate, Marshall is being used as a model for other hospitals to roll out a similar program.
- Marshall implemented two Rapid Process Improvement Workshops in 2017, the first focused on the identification of high risk opioid patients and creating a standard process to identify and evaluate patients in the Emergency Department for potential addictions. As a standard, patients are reconciled with the Controlled Substances Utilization, Review and Evaluation System (CURES) database of controlled substance prescriptions. The process also improved the information flow for new patient, reducing time and confusion for both patients and staff related to new patient paperwork. The second workshop focused on safe treatment for chronic pain patients in the outpatient setting – establishing a standard process for prescribing and refilling controlled substances

in the primary care clinics. Marshall developed pain contracts with patients and established a routine visit every three months for refilling controlled substances.

4. MMC will expand programming and training related to harm reduction approaches to substance abuse.

- Marshall implemented two Rapid Process Improvement Workshops in 2017, the first focused on the identification of high risk opioid patients and creating a standard process to identify and document patients in the Emergency Department. The process also improved the information flow for new patient, reducing time and confusion for both patients and staff related to new patient paperwork. The second workshop focused on safe treatment for chronic pain patients in the outpatient setting – establishing a standard process for prescribing and refilling controlled substances in the primary care clinics.
- ACCEL hosted a Continuing Education event for area health care providers at the September 2017 Provider meeting, featuring Dr. Robert Price on the topic of “Bipolar Disorder: Challenges in Assessment and Management.” This presentation addressed behavioral health and substance abuse issues.
- As part of the ED Bridge Medication Assisted Treatment program, Marshall has four physicians who have completed an eight-hour training to qualify for a waiver to prescribe and dispense buprenorphine. Three more are interested in becoming waiver trained.
- Marshall participates in the ACCEL Provider Capacity Workgroup Meetings, which includes discussion of substance abuse/ community and agency planning and collaboration and the El Dorado Community Health Center's “C3 Clinic” (Complex Care Clinic for patients needing Medication Assisted Treatment of Substance Abuse Disorder).

- Through ACCEL, area health care providers may avail of education through a partnership with UC Davis' Project Extension for Community Healthcare Outcomes (ECHO). Through a webinar format, Project ECHO provides an educational series on pain management, including Responsible Opioid Prescribing, Pain and Mental Health, and more. The programs are open to all health care providers in the area.
- 5. MMC will partner with other entities to promote community education programs for substance abuse prevention and treatment.**
- The Marshall Foundation for Community Health granted \$32,000 to local organizations seeking to make a difference in battling opioid dependency:
 - Bipolar Insights for classes addressing self-medication, illegal drugs and problems with drug addiction.
 - El Dorado High School to continue facilitating the Brief Intervention Program that addresses the gap between treatment need and treatment availability. El Dorado High School students are served through assemblies and other high school activities about drug and alcohol treatment prevention.
 - El Dorado Community Health Centers and Progress House received funding to strengthen and enhance their programs reaching women recovering from substance abuse disorder.
 - Marshall Medical Center received funding for physician education / waiver training as part of the Medication-Assisted Treatment protocol, which educates physicians treating opioid dependency.
 - Marshall is participating in "ED Bridge," a joint effort with the El Dorado Community Health Center (EDCHC) and the California Healthcare Foundation in an effort to move people off opioid dependency through Medication Assisted Treatment (MAT) for opioid addiction. The robust program includes group sessions, counseling, and social services for patients referred by Marshall's Emergency Department.
- 6. MMC will work with care providers and community partners to administer clinical services, education and support for individuals affected by substance abuse.**
- Marshall is participating in "ED Bridge," a joint effort with the El Dorado Community Health Center (EDCHC) and the California Healthcare Foundation in an effort to move people off opioid dependency through Medication Assisted Treatment (MAT) for opioid addiction. The robust program includes group sessions, counseling, and social services for patients referred by Marshall's Emergency Department.
- 7. MMC will develop or support education programs that aim to reach high need or underrepresented populations in El Dorado County.**
- Marshall is participating in "ED Bridge," a joint effort with the El Dorado Community Health Center (EDCHC) and the California Healthcare Foundation in an effort to move people off opioid dependency through Medication Assisted Treatment (MAT) for opioid addiction. The robust program includes group sessions, counseling, and social services for patients referred by Marshall's Emergency Department.
- 8. MMC will designate a representative to participate in El Dorado County's Community Health Improvement Plan team(s) that plan to address access to substance abuse prevention and treatment programs within El Dorado County.**
- Marshall's Chief Executive Officer, James Whipple, serves as an advisor to the El Dorado County Health Improvement Plan, offering input and insight into improving access to care for the plan.

ANTICIPATED IMPACTS

- Improve availability of and access to substance abuse prevention and treatment services at Marshall Medical Center and within the community, striving for culturally and linguistically appropriate behavioral health services through recruitment of Spanish-speaking providers, to the extent possible
- Decrease the rates of overdoses, deaths, Emergency Department visits, and hospitalizations due to substance abuse in El Dorado County
- Improve consistency of substance abuse services
- Align approaches and practices related to substance abuse services
- Increase community knowledge and awareness of substance abuse issues within El Dorado County
- Increase awareness and accessibility of substance abuse prevention and treatment services
- Improve clinical and support services for individuals affected by substance abuse
- Improve culturally diverse substance abuse prevention and treatment efforts

PLAN TO EVALUATE

- MMC will establish baselines for current staffing levels as well as Emergency Department visits related to substance abuse.
- MMC will track participation in community education programs and administer assessment surveys to participants.
- MMC will utilize the Kaizen team value stream analysis for improving care related to opioid use across a continuum in order to evaluate performance and improve quality of care.
- Implementation of EPIC Electronic Health Record system will allow MMC to track patient referrals and outcomes for all substance abuse issues within MMC and in community clinics.

EVALUATION METRICS

- Number of participants in Marshall's MAT/ ED Bridge program:
2017 – 27 participants
- **ED Visits and hospitalizations related to mental health**
Compared to a baseline of 22% ED visits and IP hospitalizations related to mental health in 2016, the rate decreased to 18% in 2017, showing a positive impact that the efforts have made for mental health in the community.
- **Rate of patients served within 30 days of receiving a non-emergency referral from a Marshall PCP to a Marshall mental health provider**
2016 was the baseline year for this measure, with 0% referral within 30 days to a Marshall mental health provider. In 2017, with the addition of the first Marshall psychiatrist, the rate has increased to 23% of PCP referred patients seen within 30 days for non-emergency services.
- Number of resources in the community for substance abuse services
In 2017, the following resources were available in the Western Slope of El Dorado County:

El Dorado County Alcohol and Drug Prevention Program

EDCA Lifeskills

El Dorado Community Health Centers Behavioral Health Counseling

New Morning Youth & Family Services

Progress House – Detox center and transitional housing

Marshall Medical Center ED Bridge Program

Complex Care Clinic - medically assisted therapy for addiction

RESOURCES

- MMC will commit financial resources to expand recruitment of providers. MMC will also contribute staff time to expand outreach efforts for disease prevention and management programs.

Health Need: Disease Prevention, Management and Treatment

*Strategy-
Expand capacity and utilization of disease prevention, management and treatment services*

ACTIONS

1. **MMC will expand preventive care and care management programs.**
 - Marshall's Outpatient Care Management Department (OCM), focuses on improving the effectiveness and quality of care for patients with high risk for readmission after discharge. Similar to an assigned Case Manager while in the hospital, the team will assist in navigating patients and their families through the challenges of the health care system, to make sure that the patient has ongoing education about their health, ensure satisfaction of services and provide support while valuing our patients' individual physical and mental well-being, while preventing re-admissions and unnecessary emergency room visits. In 2017, the OCM saw 120 patients.
 - Marshall's Community Care Network (CCN), was developed to help people coordinate their healthcare even after they are discharged from the hospital. A team made up of social workers, registered nurses, RN case managers, pharmacists, diabetes educators, dietitians, home health nurses and others to help patients navigate their path to improved health. Dedicated clinical and medical directors oversee patients to make sure the team supports their goals and the physicians' plan of care. In 2017, CCN expanded to 189 patients.
2. **MMC will expand its efforts to actively draw patients into preventive care and care management programs including but not limited to the Community Care Network (CCN), Outpatient Care Management (OCM), Cancer Resource Center and Congestive Heart Active Telephone Treatment (CHATT) programs.**
 - Congestive Heart Active Telephone Treatment (CHATT) program helps patients manage congestive heart failure. CHATT improves patients' quality of life, reduce CHF complications and help keep them out of the hospital. This service includes frequent telephone calls from a registered nurse, who specializes in cardiovascular care. In 2017, CHATT served 97 patients.
 - Cancer Resource Center supports cancer patients through patient navigation, education/ support groups and social services and emotional support. The Cancer Resource Center also provides no-cost mammograms to those who qualify, as well as transportation assistance. In 2017, the Cancer Resource Center provided support to 423 patients, provided transportation services 328 times, provided patient navigation services to 330 patients and funded 20 mammograms.
 - Initially, the CCN drew its patient base from the top 10% of Marshall's most chronically ill patients identified by rate of ED visits and repeat admissions. With the patient's consent to actively participate in improving their health and welcoming the CCN team into their homes and their lives, patients enrolled with the CCN. In the end of 2016, the program had 112 patients and in the end of 2017, the program had 123. The CCN is expanding its outreach efforts to high risk and rising risk patients, with referral from a Marshall health provider.
 - Since its inception in August 2016, the OCM program has focused on patients admitted to Marshall Hospital with high risk or rising risk, helping them to transition from acute in patient care to their home. OCM staff educates

and supports patients post-discharge with a goal of keeping them well so as to decrease readmission rates and ER visits. In 2016, the program served 150 patients and in 2017, they served 860 patients.

- The Cancer Resource Center assists patients and their families navigate their cancer journey. Patients are referred to the center by their oncologist. In 2016, the program served 510 patients and in 2017, served 423. The Cancer Resource Center conducts several outreach and fundraising activities throughout the year, including art therapy and exercise programs free of cost for cancer patients.
- Patients access CHATT through a referral from a Marshall cardiologist. In 2016, the program served 97 patients and in 2017, served 96.

3. MMC will expand recruitment of providers, including but not limited to physicians, advanced practice nurses, and physician assistants.

- In 2017, Marshall successfully hired 11 providers to both replace providers who have left and augment services we already provide. In 2017, Marshall opened two new clinics, podiatry and psychiatry.
- In 2018, Marshall is conducting ongoing recruitment for additional primary care, general surgery, ob/gyn, pediatrics, psychiatry and intensivists.

4. MMC will seek to standardize best practices for identified disease management and treatment services and programs.

- Marshall has standardized best practices for the following disease management/treatment services:

Congestive Heart Failure

Community Care Network

Sepsis

Stroke

Opioid Identification/ Safe Prescribing

Total Joint Replacement

COPD

Diabetes & Nutrition Education Protocols

5. MMC will support collaborative disease prevention and health education efforts within the community, including but not limited to women’s health events, youth programs, and local community task forces.

- In 2017, Marshall participated in several collaborative efforts with community partners including ACCEL, El Dorado Community Health Center and El Dorado County Public Health in areas relating to access to care, disease prevention and management.
- In 2017, Marshall also hosted or participated in the following activities:

Employee Health Fairs

Free FIT Testing for colon cancer

Flu Shot Clinics

Women’s Health Screenings

Affair of the Heart cardiology /health screenings

Fall Prevention education and workshops

Stroke Education

Healthy Babies lactation classes

Cancer Education

Low cost/no cost mammograms

6. MMC will implement the EPIC Electronic Health Record system to track patient outcomes and improve care coordination.

- The system was implemented November 1, 2017.

ANTICIPATED IMPACTS

- Improve outcomes for patients, including delayed onset of complications associated with chronic illnesses
- Reduce hospital admissions and readmissions
- Help patients to better manage or eliminate disease risk factors
- Improve access to timely disease management and treatment services
- Optimize utilization of providers with all types of licenses, including Physician Assistants and Nurse Practitioners
- Improve awareness of disease prevention strategies within the community

PLAN TO EVALUATE

- MMC will utilize Electronic Health Record systems to track patient outcomes and improve care coordination.
- MMC will also track patient participation in internal disease prevention and management programs.
- MMC will document its participation in collaborative community efforts.

EVALUATION METRICS

- **Rates of hospital admissions and readmissions for patients enrolled in OCM**

The data shows that OCM patients achieve significant reductions in hospital utilization when comparing the 90 day period after discharge to the 90 day period prior to enrollment in the program:

Total hospital visits (encounters) decreased 31% (808 less visits in a 90 day period / 269 less per month)

Inpatient encounters (visits) decreased 88% (632 less IP visits in a 90 day period / 211 less per month)

Inpatient readmissions decreased 20% (19 less patients were re-admitted in a 90 day period / 6 less per month)

ER visits (encounters) decreased 31% (79 less visits in a 90 day period / 26 less per month)

- **Rates of hospital admissions and readmissions for patients enrolled in CCN**

The data shows that patients have had significant reductions in hospital utilization when comparing monthly averages after enrollment to monthly averages for the 12 month period prior to their enrollment (baseline period):

Average monthly IP admissions have dropped 35% (5 admissions per month) compared to baseline

Average IP days per month have dropped 49% (50 days per month) compared to baseline

Average LOS has dropped 19% (1.18 days) per IP stay compared to 6.27 days in the baseline

Average ER visits have dropped 20% (3 visits) per month compared to baseline

- **Number of participants in disease prevention and management programs**

	2016	2017
OCM	150	860
CNN	157	189
CHATT	97	96

- **Rate of ED visits related to chronic diseases**

For CCN in 2016, the average ER visits have dropped 37% (6 visits) per month compared to baseline and in 2017, the average ER visits have dropped 20% (3 visits) per month compared to baseline (6 less per month)

For OCM in 2017, ER visits (encounters) decreased 31% (79 less visits in a 90 day period / 26 less per month)

- **Number of providers**

In 2017, Marshall hired five new primary care providers, one Spanish-Speaking.

- **Number of collaborative community efforts MMC has participated in:**
ACCEL
Chronic Disease Coalition
Community Health Center
Advanced Illness Management Program
El Dorado Opportunity Knocks - Continuum of Care for Housing

RESOURCES

- MMC will commit financial resources to expand recruitment of providers. MMC will also contribute staff time to expand outreach efforts for disease prevention and management programs.

Health Need: Access to High Quality Health Care and Services

*Strategy-
Increase access to primary care and utilization of care management services*

ACTIONS

1. **MMC will expand recruitment of primary care providers, including Spanish-speaking providers, to the extent possible.**
 - In 2017, Marshall has added five new primary care providers, including one Spanish-speaking provider to Marshall Sierra Primary Medicine in Placerville.
2. **MMC will establish a system to provide hospitalized patients with a scheduled follow-up appointment with an appropriate provider.**
 - Marshall has implemented a standard process to ensure that patients discharged from the hospital have an appointment with a primary care provider for follow up. Since implementing this process in 2017, 99% of Marshall patients discharged from the hospital have a follow up appointment scheduled.
3. **MMC will target outreach efforts towards high-need communities and populations to improve access to care.**
 - Marshall's Outpatient Care Management Department (OCM), focuses on improving the effectiveness and quality of care for patients with high risk for readmission after discharge. Similar to an assigned Case Manager while in the hospital, the team will assist in navigating patients and their families through the challenges of the health care system, to make sure that the patient has ongoing education about their health, ensure satisfaction of services and provide support while valuing our patients' individual physical and mental well-being, while preventing re-admissions and unnecessary emergency room visits. In 2017, the OCM saw 120 patients.
 - Marshall's Community Care Network (CCN), was developed to help people coordinate their healthcare even after they are discharged from the hospital. A team made up of social workers, registered nurses, RN case managers, pharmacists, diabetes educators, dietitians, home health nurses and others to help patients navigate their path to improved health. Dedicated clinical and medical directors oversee patients to make sure the team supports their goals and the physicians' plan of care. In 2017, CCN expanded to 189 patients.
 - Marshall's Case Management and Social Services regularly intercedes on behalf of homeless patients to assist with finding shelter, transportation and rehabilitation. The team assists patients with qualifying for insurance coverage, free medication programs and medical equipment.
4. **Partner with El Dorado County's Community Health Improvement Plan teams, the Access El Dorado (ACCEL) collaborative and others to improve access to care.**
 - Marshall's Chief Operating Officer, Shannon Truesdell, RN, serves on the board of (Access El Dorado) ACCEL Steering Committee,

a safety net provider network of multiple health care agencies in El Dorado County. ACCEL's work on care pathway development included a referral pathway for primary care providers to refer appropriate patients for pediatric mental health services. Marshall annually supports ACCEL through a \$25,000 contribution.

- Marshall's Chief Nursing Officer, Kathy Krejci, RN, serves on the board of the El Dorado Community Health Center, lending guidance, expertise and insight into linkages with Marshall's medical resources.
- Marshall's Chief Executive Officer, James Whipple, serves as an advisor to the El Dorado County Health Improvement Plan, offering input and insight into improving public health in the county.

5. MMC will support development and/or expansion of care management services, including but not limited to the Community Care Network, Outpatient Care Management program, and Advanced Illness Management team.

- Marshall's Outpatient Care Management Department (OCM), focuses on improving the effectiveness and quality of care for patients with high risk for readmission after discharge. Similar to an assigned Case Manager while in the hospital, the team will assist in navigating patients and their families through the challenges of the health care system, to make sure that the patient has ongoing education about their health, ensure satisfaction of services and provide support while valuing our patients' individual physical and mental well-being, while preventing re-admissions and unnecessary emergency room visits. In 2017, the OCM saw 120 patients.
- Marshall's Community Care Network (CCN), was developed to help people coordinate their healthcare even after they are discharged from the hospital. A team made up of social workers, registered nurses, RN case managers, pharmacists, diabetes educators, dietitians, home health nurses and others to help

patients navigate their path to improved health. Dedicated clinical and medical directors oversee patients to make sure the team supports their goals and the physicians' plan of care. In 2017, CCN expanded to 189 patients.

- Marshall's Advanced Illness Management Team (AIM) is an inter-disciplinary group consisting of a physician, nurse practitioner, registered nurse, two social workers, and a chaplain. A collaboration between Marshall and Snowline Hospice, the team provides patient and family-centered care. The team assists with:

Difficult medical decisions offering education and treatment options

Developing of a plan of care

Managing symptoms

Connecting patients and families to community resources

Assisting patients and families to navigate insurance questions and other procedural concerns.

Drafting Advance Directives and other medical decision-making documents.

6. MMC will provide cultural sensitivity training to employees.

- In 2016, Marshall required employees to take "Culturally Sensitive Care" education. 850 people out of 878 assigned completed the course for a 96% completion rate.
- In 2017, "Diversity in Healthcare" education was assigned to 1475 employees and providers and 1473 completed the course, for 99% completion rate.

ANTICIPATED IMPACTS

- Improve timely access to culturally and linguistically appropriate care within the community to the extent possible

- Decrease utilization of the Emergency Department for routine care
- Improve patient health outcomes and coordination of care
- Reduce hospital admissions and readmissions
- Improve coordination of programs and services to avoid duplication of efforts within the community

PLAN TO EVALUATE

- MMC will utilize the Kaizen team value stream analysis to improve access to primary care.
- MMC will utilize Electronic Health Record systems to track patient outcomes and improve care coordination.

EVALUATION METRICS

- **Rates of hospital admissions and readmissions for patients enrolled in OCM**

The data shows that patients achieve significant reductions in hospital utilization when comparing the 90 day period after discharge to the 90 day period prior to enrollment in the program OCM:

Total hospital visits (encounters) decreased 31% (808 less visits in a 90 day period / 269 less per month)

Inpatient encounters (visits) decreased 88% (632 less IP visits in a 90 day period / 211 less per month)

Inpatient readmissions decreased 20% (19 less patients were re-admitted in a 90 day period / 6 less per month)

ER visits (encounters) decreased 31% (79 less visits in a 90 day period / 26 less per month)

- **Rates of hospital admissions and readmissions for patients enrolled in CCN**

The data shows that patients have had significant reductions in hospital utilization when

comparing monthly averages after enrollment to monthly averages for the 12 month period prior to their enrollment (baseline period):

Average monthly IP admissions have dropped 35% (5 admissions per month) compared to baseline

Average IP days per month have dropped 49% (50 days per month) compared to baseline

Average LOS has dropped 19% (1.18 days) per IP stay compared to 6.27 days in the baseline

Average ER visits have dropped 20% (3 visits) per month compared to baseline

- **Rate of Emergency Department visits for routine care**

In 2016, the number of Emergency Department visits for routine care was 31%. In 2017, the rate decreased to 28%.

- **Number of primary care providers and Spanish-speaking providers to the extent possible**

In 2017, Marshall hired one Spanish-speaking primary care provider

- **Proportion of staff who participate in cultural sensitivity training**

2016 – 96%

2017 – 99%

- **Proportion of patients who receive a follow-up appointment after hospitalization**

2017 – 99%

RESOURCES

- MMC will dedicate financial resources to expand care management programs and recruitment of primary care providers. MMC will also commit staff time to conduct outreach to high-need communities and to ensure that patient follow-up appointments with primary care providers are scheduled. MMC will also dedicate staff to participate in collaborative efforts within the community.

NEEDS MARSHALL MEDICAL CENTER WILL NOT ADDRESS

In order to maximize its efforts and create a noticeable impact on the three health needs detailed above, Marshall Medical Center has not designed specific strategies to address the following five health needs. Although specific strategies for addressing these health needs are not included in the Implementation Strategy, Marshall Medical Center anticipates that it will continue to address all of the issues – either directly or indirectly – over the next three years.

Safe, Crime- and Violence-Free Communities

Although Marshall Medical Center does not have a specific strategy to confront this health need due to its limited capacity and ability to impact this issue, the hospital does intend to indirectly address the need for Safe, Crime-and Violence- Free Communities through the strategies and interventions identified for Access to Behavioral Health Services. Marshall Medical Center will also continue to support community based organizations addressing this issue through sponsorships and collaboration. In addition, Marshall Medical Center has taken and will continue to develop measures working with law enforcement to create a safe, crime-and violence- free environment on their campuses for all patients and employees.

Active Living and Healthy Eating

Although Marshall Medical Center does not have a specific strategy to confront this health issue, the hospital intends to indirectly address this issue through the strategies and interventions identified for Disease Prevention, Management, and Treatment. In addition, Marshall Medical Center will continue to play a supportive role in community efforts that are addressing the need for Active Living and Healthy Eating including El Dorado County's Community Health Improvement Plan Active Living and Healthy-Eating teams. The hospital will also remain engaged and committed to its current practices that address this issue in the community, including its community health education programs, nutritional counseling and sponsorship of community health fairs and events through its Community Relations Fund, along with maintaining its smoke-free environment.

Affordable and Accessible Transportation

Given Marshall Medical Center's limited capacity and ability to impact transportation issues in the community, Marshall Medical Center has not developed specific strategies to address this health need. Although the hospital does not intend to play a lead role in addressing this health need, it does intend to seek opportunities to advocate for affordable and accessible transportation services in the community. In addition, Marshall Medical Center will continue to assist some of its patients with transportation support, such as cancer patients through Marshall Cancer Services.

Basic Needs

Given the breadth of the issue and Marshall Medical Center's limited capacity and expertise for addressing this issue, the hospital has not developed specific strategies to address Basic Needs in the community. Although there are no strategies identified for combatting this need, Marshall Medical Center collaborates with community efforts and organizations that are committed to addressing this health issue.

Pollution-Free Living and Work Environments

In 2017 Marshall Medical Center adopted a "Smoke-Free" Campus Policy for all of our sites to improve environmental quality for employees, physicians, patients and visitors. Given Marshall Medical Center's limited expertise and ability to impact pollution issues in the community, the hospital has not developed other specific strategies to address this health need. Marshall Medical Center will maintain a smoke-free environment and collaborate, as appropriate opportunities arise, with community efforts and organizations that are committed to addressing the need for Pollution-Free Living and Work Environments.

COMMITMENT TO IMPROVE COMMUNITY HEALTH

In addition to the above, Marshall is working to improve the quality of care provided to the community by participating in the following initiatives and activities:

Primary Stroke Center Accreditation

Since 2013, Marshall maintains certification as a Primary Stroke Center by The Joint Commission. As a certified center, Marshall ensures that stroke victims receive appropriate, time-sensitive treatment and the latest in follow-up care for patients, resulting in better outcomes and recovery.

Level 3 Trauma Center

Since 2012, Marshall remains a verified Level 3 Trauma Center through the American College of Surgeons. As an ACS verified Trauma Center, Marshall's patient experience seamless interaction and transfer arrangements with regional Level I and Level II Trauma Centers and inclusion in reporting and data practices that help Marshall measure itself amongst other top flight hospitals. Four qualified and experienced general surgeons perform emergency surgeries. Every Emergency Department nurse is a certified trauma nurse, and if hired without certification, must obtain it within one year.

Cancer Accreditation

Marshall's cancer program has been accredited by the Commission on Cancer of the American College of Surgeons for several years. The accreditation follows a rigorous review of the program's offerings and practices, and assures patients a quality, comprehensive treatment and support experience. Having an accredited Cancer Program in El Dorado County supports better patient outcomes simply from patients not having to drive far for treatments. Additionally, our patient transport vehicle helps patients with transportation issues get to and from appointments. Marshall offers many programs to the community, such as free mammogram screening for women who cannot afford one, resulting in earlier detection of breast cancer.

Affair of the Heart

Affair of the Heart is an event organized by Marshall in February to coincide with Women's Heart Health month. Featuring heart-healthy talks by physicians, demonstrations, educational booths and heart-friendly shopping, the event is a huge hit with the community and attracts a wide variety of people. The knowledge and tools attendees come away with can help them make healthier decisions and improve their lives.

Women's Health Expo

The Women's Health Expo features health talks by medical experts, a 5K fun run/walk and health screenings by Marshall clinicians. Attendees receive health information from the screenings and are able to make decisions about how to improve their health; the screenings can also detect problems people may not have been aware of, leading to further diagnosis and treatment.

Patient Education Programs/Classes

One way Marshall supports community health outcomes is by providing a number of educational classes to the community. Our childbirth related classes help expectant mothers take better care of themselves and their children. A key program is Sweet Success, which is a gestational diabetes prevention program. It has shown to decrease premature births among these mothers, and results in better overall health for mom and baby. We also offer life-saving courses and important health improvement courses such as smoking cessation.

Health Professions Education

The Education Department hosts job shadowing events where students from the community are paired with a Marshall employee in a particular health field. The students shadow the employee to gain first-hand experience. Students are able to take that knowledge to further develop their educational goals. We also work with area high school ROP programs to give students on-the-job experience.

Community Partnerships – Board of Directors Participation

Marshall's leadership continues to support community organizations and service clubs by voluntarily serving on boards of the Chamber of Commerce, El Dorado Community Health Clinic, ACCEL, El Dorado County Economic Development Corp, El Dorado Economic Advisory committee, MORE, Rotary Clubs, and Snowline Hospice.

Community Health Library

Marshall operates a Community Health Library with a mission to “promote health and individual responsibility, support informed decision making, and improve communication between health care consumers and providers.” The library is free and open to the public, with more than 3,000 resources and web research access.

CHATT (Congestive Heart Active Telephone Treatment)

The CHATT program helps patients manage congestive heart failure (CHF) through telephone calls from a registered nurse who specializes in cardiovascular care. The CHATT program uses a multi-disciplinary approach, which includes a physician, the CHATT RN, CHATT Medical Director, Dietitians, Pharmacists, Medical Social Workers, Laboratory Technologists, Cardiac Rehabilitation Nurses, Home Caregivers, and the patient.

Community Sponsorships

Funds are provided to organizations such as the American Cancer Society, Assistance League of the Sierra Foothills, Cameron Park Community Services District, The Center for Violence Free Relationships, El Dorado Adventist Church, El Dorado County Chamber of Commerce, El Dorado High School, El Dorado Hills Chamber of Commerce, El Dorado Hills Community Services District, 4-H, Leadership El Dorado, Marshall Foundation for Community Health, Pink Ribbon, Pink in the Night, Oak Ridge High School, Ponderosa High School, Rotary Club, Shingle Springs/ Cameron Park Chamber of Commerce, Sierra Moms and Soroptimists International.

Marshall Green Initiative

Marshall is a proud leader in “going green” with one of the largest solar programs for hospitals in the nation, a major recycling effort, a selection of supplies and programs to reduce water, waste and energy. Marshall's green program is not just about helping to preserve equatorial rain forests but can also mean improving your health, improving your overall quality of life and leaving future generations a vibrant beautiful planet through contributing to a sustainable future for our planet.

FINANCIAL ASSISTANCE PROGRAM DISCOUNT PAYMENT AND CHARITY CARE POLICY - APRIL 2017

Policies:

Marshall Medical Center's ("Marshall's") mission statement, "To improve the health of our community and offer health services of superior value and quality, centered on the goals and needs of our patients", reflects Marshall's social accountability to the community residents of our service area in which we are located. Providing discounted payment, as well as charity care, along with other community benefit services is important evidence of Marshall's mission fulfillment.

It is Marshall's intention to ensure that every patient of Marshall will be presented before discharge and at time of billing with written notice that includes information regarding the availability of Marshall's and Emergency Medicine Physicians (EMP) Financial Assistance Program, including information about eligibility, as well as contact information for a hospital office and EMP office from which the person may obtain further information about these policies. An emergency physician who provides emergency medical services at Marshall is required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the Federal poverty level.

Marshall is committed to providing, without discrimination, care for emergency medical conditions to our patients regardless of their eligibility under this Financial Assistance Policy.

Discounted payment and full charity care will each be based on the individual's ability to pay as defined by AB774 and SB1276, the Federal Poverty Family Income Guidelines, and the attached sliding scale. Following a determination of financial assistance eligibility, an eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

Confidentiality of information and individual dignity will be maintained for all that seek discounted

payment or charity care under these policies. The handling of personal health information will meet all HIPAA requirements.

Purpose:

The purpose of this policy is to define the eligibility criteria for discounted payment and charity care services, administrative, and accounting guidelines for the identification, classification, and reporting of patient accounts as discounted payment or charity care.

Definitions:

Charity Care (no charge to the patient):

Is defined as health care services provided at no charge to the Patient. Patients without insurance coverage or the inability to obtain insurance coverage and the inability to pay are eligible for this discount.

Charity Care Limited Scope (based on emergency and medical necessary care vs. non-emergency non-medically necessary care):

Is defined as health care services provided at no or reduced charge to the Patient. Patients must have "limited scope Medi-Cal benefits" and the inability to pay to be eligible for this discount

Deceased Patients:

A patient that has expired and has no living spouse / guardian, and does not have an estate that a creditor's claim filed against will be considered automatically covered as Charity Care. Validation will be secured through verification of marital status and court research of estate notices.

Discounted Payment:

Is defined as health care services provided as a reduced charge, based on the patient's financial situation, under this policy, and has an inability to pay the total liability.

Eligible Balance:

The balance stated on the appropriate patient billing system as the patients' responsibility at the time of application. Approved discount payment or charity

care will not reduce an amount previously paid by the patient or their designee on behalf of the patients' debt.

When any patient's single visit responsibility exceeds \$50,000.00 the balance above \$50,000.00 will be discounted by 50% as catastrophic adjustment automatically by the Financial Counselor upon final bill. Patients are not required to apply for this program to be entitled to this 50% over \$50,000.00 discount. If the patient applies and qualifies for the Financial Assistance Program, the remaining balance will receive the appropriate reduction in addition to the catastrophic adjustment.

Emergency Medical Care:

Refers to Emergency Services and Care required to stabilize a patient's medical condition initially provided in the emergency department or otherwise classified as "emergency services" under the federal EMTALA Law or Section 1317.1 et seq of the California, Health & Safety Code, and continuing until the patient is medically stable and discharged, transferred, or otherwise released from treatment.

Essential Living Expenses:

Are defined as rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas, and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.

Federal Poverty Level: (See Attachment A)

The poverty guidelines for families updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

Financially Qualified Patients:

Applies to a patient who is a resident of Marshall Medical Center's service area and has a family income that does not exceed 350 percent of the federal poverty level and has completed and

submitted an application, and review of the application by Marshall shows that the individual qualifies for either Charity or Financial Assistance.

Financially Qualified Non-resident Patient:

Applies to a patient who is not a resident of Marshall Medical Center's service area and has a family income that does not exceed 350 percent of the federal poverty level and has completed and submitted an application, and review of the application by Marshall shows that the individual qualifies for either Charity or Financial Assistance will be granted for emergency and medically necessary services only.

High Medical Cost:

Applies to patient whose family income does not exceed 350 percent of the federal poverty level. For these purposes "high medical costs" is defined to mean any of the following:

- Annual out-of-pocket costs at this facility exceed 10% of such patients' family gross income and essential living expenses in the prior 12 months;
- Annual out-of-pocket expenses that exceed 10% percent of such patient's family gross income and essential living expenses, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months;

Interest:

Marshall Medical Center shall reimburse the patient any amount actually paid in excess of the amount due under this policy, including interest. Interest owed by the Marshall Medical Center to the patient shall accrue at the rate set forth in Section 685.010 (<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=ccp&codebody=685.010&hits=20>) of the Code of Civil Procedure, beginning on the date payment by the patient is received by the facility. However, Marshall Medical Center is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). Marshall Medical Center shall give the patient a credit for the amount due for at least 60 days from the date the amount is due.

Medically Necessary Services:

Hospital-based medical services determined based upon a medical evaluation, to be necessary to preserve a patient's life, to prevent significant illness or significant disability, or to alleviate severe pain.

Monetary Assets:

Assets include all liquid assets, including bank accounts and publicly traded stocks, but will not include retirement, deferred-compensation plans qualified under the Internal Revenue Code, non-qualified deferred-compensation plan, or assets that are not readily convertible to cash, such as real property. In reviewing monetary assets Marshall Medical Center may require a waiver or release from the patient or the patient's family authorizing the facility to obtain account information from the financial or commercial institution, or other entities that hold or maintain the monetary assets to verify their value. Monetary Assets may be considered in connection with eligibility under the charity care policy only and not for eligibility under the discounted payment policy. In determining eligibility under the charity care policy, the first \$10,000 of a patient's monetary assets shall not be counted, nor shall Marshall count 50% of the patient's monetary assets above \$10,000. The monetary assets that exceed the preceding criteria will be divided by 12 and added to the monthly patient family income.

Information obtained shall not be used for collections activities. This paragraph does not prohibit the use of information obtained by the hospital, collection agency, or assignee independently of the eligibility process for charity care or discounted payment.

Non-emergency Services:

Medically necessary services and are not Emergency Services.

Non-medically Necessary Services:

Services routine in nature and are not Medically Necessary Services.

Patient's Family:

- For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
- For persons under 18 years of age, parent, caretaker relatives and other children under the age of 21 years of age of the parent or caretaker relative.

Payment Plan:

Marshall is committed to work with the patient or guarantor to allow for the successful payment of the outstanding debt taking into consideration the patient's family income and essential living expenses. Payment plans where the monthly payment is less than 10% of the families monthly income after essential living expenses will be flagged to be revisited with the patient or guarantor every 6 (six) months for ability to increase monthly payments. All payment plans will be executed in written document signed by the patient or guarantor.

If Marshall and the patient or their guarantor cannot agree on the payment plan, Marshall shall set the payment plan as defined in SB1276 SEC 5 Section 127454(k) of the Health and Safety Code means "reasonable payment formula" which means monthly payments that are not more than ten (10) percent of a patient's family income for a month, excluding deductions for the essential living expenses. "Essential living expenses" means, for the purpose of this subdivision, expenses for all of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

Proof of Income:

As defined under the "Fair Pricing Law": Health & Safety Code Section 127400et.seq. proof of income is one of the following:

- Latest Income Tax Return
- 3 of the most recent pay stubs
- Financial Profit and Loss as prepared by accountant
- Seasonal works must supply last Income Tax Return

Self-Pay Patient:

A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by Marshall Medical Center. Self-pay patients may include charity care patients.

Service Area:

Marshall Medical Center's service area is defined as the geographic area (by zip code) from which the facility receives its top 80% of discharges.

ZIP CODE	COMMUNITY
95614	Cool
95619	Diamond Springs
95623	Kingsville/Nashville
95633	Garden Valley
95634	Georgetown
95635	Greenwood
95636	Grizzly Flats
95651	Lotus
95664	Pilot Hill
95667	Placerville
95672	Rescue
95675	River Pines
95682	Shingle Springs/ Cameron Park
95684	Somerset
95709	Camino
95726	Pollock Pines
95762	El Dorado Hills

Exclusions

Cosmetic Procedures:

These services are defined as procedures that modify or improve the appearance of the physical features, irregularity, or defect that is requested by the patient or their guarantor as an elective service. Any cosmetic procedure will not be considered as an eligible service under either the discount payment or charity care policy.

Elective Services – Physician Clinic Services:

Those services that are considered not a benefit of the Medi-Cal program will not be considered as eligible under this program.

Hearing Aids and Accessories:

Hearing aids and accessories are not considered a service eligible under this Financial Assistance Program

Ineligible Balance:

A patient who has coverage through an HMO or qualified under a Medi-Cal program will not be eligible for Charity Care or Financial Assistance when not electing to adhere to the guidance or care protocols of said insurer.

Non-Compliance:

Patient or guarantors failure to cooperate with the screening and application processes for alternative means of funding to cover the costs of services will preclude the patient from eligibility under the Financial Assistance Program. Exceptions to this exclusion may be placed in writing to the following department:

Hospital Patient Billing
 Attention: Financial Counselors
 PO Box 872
 Placerville, CA 95667
 Phone: 530-626-2618 - F ax: 530-626-2833

Procedures

Eligibility Criteria:

Application:

- Only services provided at Marshall Medical Center will be considered eligible for Charity or Discounted Payment Assistance. These services will include hospital services, professional services provided by Marshall Medical Foundation providers and Marshall HomeCare.
- Alternative means of funding to cover the cost of services will be explored before Charity or Financial Assistance is approved. Patients approved for assistance under this policy may need to agree to cooperate in the process needed to obtain reimbursement for Marshall services from third party sources such as California Victims of Crime funds.
- Marshall will make appropriate referrals to local county agencies Medi-Cal or other programs to determine potential eligibility. Currently Marshall utilizes The Gardner Group as assignee to assist in this aspect of patient support.
- Charity Care will be determined on the basis of the following:
 - A Self-Pay Patient whose family income is at or below 138 percent of the Federal Poverty Level.
 - Validated proof of income
 - Monetary Assets those that are readily convertible to cash, including bank accounts, and publicly traded stocks.
 - Essential living expenses
- Financial Assistance will be determined on the basis of the following:
 - Has a validated proof of family income between 139 and 350 percent of the Federal Poverty Level
 - Assets will not be considered
- The absence of financial data does not preclude eligibility for Charity or Financial Assistance.

Marshall may, in meeting its charitable mission, provide services to patients for whom Marshall is unable to obtain personal financial data. In evaluating all factors pertaining to the patient's personal and demographic situation, Marshall may grant Charity or Financial Assistance eligibility in the absence of requested documents or suggest alternative documents that may be available to the patient.

- The Marshall Medical standardized application form will be used to document each patient's overall financial situation. This application will be available in the primary language(s) of the service area. Marshall Medical Center will accept a copy of the completed DHCS SAWS-1 as a substitute of the Statement of Financial Condition.
- A patient or patient's legal representative requesting charity care, discounted care, or other financial assistance must make every reasonable effort to provide Marshall with documentation of income, essential living expenses, and health benefits coverage within the requested time frame. The failure to make a reasonable effort to provide information that is reasonable and necessary to make a determination concerning charity care or discounted care may be considered by Marshall in making its determination.
- Once a determination has been made, a notification form will be sent to each applicant, advising him or her of the decision.
- The data used in making a determination concerning eligibility for discount payment or charity care should be verified to the extent practical in relation to the amount involved. The information used will not be shared or used in any collection efforts related to the patients' family debt.

CHARITY AND DISCOUNTED SERVICES LEVEL DETERMINATION	
Charity Care	138% Federal Poverty Level and below
Charity Care Limited Scope	138% Federal Poverty Level and below
Level 1 Financial Assistance	139% to 238% Federal Poverty Level
Level 2 Financial Assistance	239% to 300% Federal Poverty Level
Level 3 Financial Assistance	301% to 350% Federal Poverty Level

Patients have the ability to submit application online through the Marshall Medical Center Website.

www.marshallmedical.org

- Our Services tab
- Other Services
- Business Office
- Financial Assistance
- Charity Care link

Eligibility Period:

Financially Qualified Patient:

The initial Charity and Discounted Payment for financially qualified patients' approval is valid for six (6) months from the date approved, or the first day of open enrollment for the California Health Benefit Exchange whichever comes first.

After six (6) months, a new application must be completed and the patient must screen for alternative funding sources through California Health Benefit Exchange, Medi-Cal, or other state – county funded coverage programs.

Financially Qualified Non-resident Patient:

The Charity and Discounted Payment for financially qualified non-resident patients' approval is valid for the emergency and medical necessary dates of service only and will terminate immediately thereafter.

Homeless Patients – Charity Care:

Patients without a payment source are automatically classified as charity if they do not have a job, mailing address, residence, or insurance. Consideration must also be given to classifying emergency room only patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care.

Certification of Homelessness must be signed.

Collection Agency or Assignee:

If a collection agency or other assignee identifies that a patient meeting the hospital's discount payment or charity care eligibility criteria, their patient account may be considered charity care or eligible for discounted payment, even if they were originally classified as a bad debt or otherwise failed to apply for charity care or discounted payment within the specified eligibility period. Collection agency patient accounts meeting Financial Assistance Program criteria will be referred to the hospital billing office and reviewed for eligibility.

Special Circumstances:

- Deceased patients without an estate or third party coverage will be automatically eligible for charity care.
- On rare occasions, a patient's individual circumstances may be such that while they do not meet the regular charity care or discounted payment criteria in these policies, they do not have the ability to pay their hospital bill. In these situations, with the approval of the CFO or designee, part or all of their cost of care may be written off as discounted payment or charity care. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria.
- Minors seeking care for services deemed "protected" by Federal and State agencies are automatically qualified for charity care.
- Medi-Cal patients are automatically eligible for

charity care write-offs related to:

Non-benefit non-elective services.

Denied days

Unbillable services as defined by Medi-Cal Billing manual

Patients deemed eligible for Medi-Cal and Ineligible services prior to establishment of eligibility will be deemed Charity Care eligible. An application is not required for these services.

Governmental Assistance:

- Charity Care and Discounted Payment. In determining whether each individual qualifies for discounted payment or charity care, other county or governmental assistance programs, as well as California Health Benefit Exchange, will be considered. All applications approved at 350% or lower of the federal poverty level will be required to apply for Governmental Assistance. Initial and continued eligibility under the Financial Assistance Program require proof of denial for Medi-Cal. Acceptance by Governmental Assistance will result in exclusion from the Discount Payment or Charity Care Program except as described in E.4. Individuals will be informed of any governmental or other assistance that may be available to them.
- Charity Care. Persons eligible for programs such as Medi-Cal, or other government- subsidized insurance through California Health Benefit Exchange, but whose eligibility status is not established for the period during which the medical services were rendered, may be granted charity care for those services. The eligibility period will be for six (6) months or until first day of California Health Benefit Exchange open enrollment whichever comes first. Marshall Medical Center will make the granting of charity contingent upon applying for governmental program assistance and patient providing proof of denial of benefits.

Time Requirements for Determination:

- While it is desirable to determine the amount of discount payment or charity care for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information. Marshall Medical Center is committed to work with a patient and any point in the process beginning at or before the time of service.
- Every effort will be made to determine a patient’s eligibility for Financial Assistance. In some cases, a patient eligibility for either the discount payment or charity care may not have been identified prior to initiating external collection action. Upon request of the patient for consideration of either the discount payment or charity care, all collection efforts will halt until determination can be made. If a patient is determined to be eligible for discounted payment or charity care, the account will be returned to Marshall Medical Center to restart billing process.

Matrix for authorized adjustment amount for Charity Care and Discount Payment:

POSITION	APPROVAL LIMIT
Staff (trained), Financial Counselor, Supervisor	Up to \$20,000
Department Director or designee	\$20,001.00 - \$59,999.99
CFO, CEO, COO or designee	\$60,000 and greater

Accounting for Charity Care and Discount Payment:

To allow the appropriate tracking and monitoring the amount of Charity Care and the amount of Discount Payment being granted, each affiliate will account for the financial assistance write-offs in separate Deduction from Revenue general ledger accounts as follows:

GL ACCT	ADJUSTMENT CODE	ADJUSTMENT GUIDANCE				PATIENT PAYS	ELIGIBILITY TYPES
5870-	86050	100%				0%	<ul style="list-style-type: none"> Charity Care Adjustment
5870-	86050	100%				0%	<ul style="list-style-type: none"> Charity Care Limited Scope
5870-	86073 Level 1	Make visit owe 25% of	HOSP MCR	MMF MCR	HC MCL	25%	<ul style="list-style-type: none"> Non-emergency, Non-medically necessary Discount Payment Adjustment
5870-	86074 Level 2	Make visit owe 50% of	HOSP MCR	MMF MCR	HC MCL	50%	<ul style="list-style-type: none"> Discount Payment Adjustment
5870-	86075 Level 3	Make visit owe 100% of	HOSP MCR	MMF MCR	HC MCL	100%	<ul style="list-style-type: none"> Discount Payment Adjustment
5870-	86071	Is a 50% adjustment of any patient balance above 50,000.00				The entire balance up to 50,000.00 and then 50% of the balance over 50,000.00	<ul style="list-style-type: none"> Catastrophic Adjustment
HOSP = Hospital MMF = Marshall Medical Foundation includes : Marshall Center for Primary Care, Pediatrics, Divide Wellness Center, Specialty Care HC = Home Care MCR = Medicare							

In rare cases where the Medicare rate is more than billed charges, the discount will be based on the Medi-Cal payment rate at the time of service.

The transaction codes used for accounting of the discount payment and charity care and their mapping to the General Ledger will be reviewed periodically to ensure accuracy by the Director of Finance.

Roles and Responsibilities:

At the time of service or prior to discharge any patient that has indicated they are self-pay or expresses concern regarding their ability to pay will be provided the following packet of materials:

- Cash Patient Handout
- Application for Medi-Cal / California Health Benefits Exchange

Any patient, or patients' legal representative, who requests a discounted payment, charity care, or other assistance in meeting their financial obligation to this organization shall make every reasonable effort to provide the organization with documentation of income and health benefits coverage. If the person requests discounted payment or charity care and fails to provide information that is reasonable and necessary for the organization to make a determination, the organization will consider that failure in making its determination.

- Eligibility Determinations will be made in accordance with the guidelines as outlined in A, C, E, & F above.
- Determination notification will be sent by US mail to patients within 48 hours of determination and recorded according to the record keeping outlined in section K.
- Unpaid discount payment accounts will be reviewed by the following depending on the patient billing system:

Hospital – Financial Counselor

Physician - Financial Counselor

Home Care – Financial Counselor

- Will review each account to ensure

150 days since determination notification was sent to the patient

The patient has not made reasonable attempts to make payments

The patient has not made contact by letter or phone regarding the outstanding debt

If the patient has made any contact or reasonable attempts to reduce the debt, the patient will be contacted to establish a consistent payment arrangement agreement.

- Unpaid Payment Plans
- In addition to the review stated above in unpaid discount payment accounts payment plans will be deemed defaulted when the following have occurred:

Failure to make consecutive payments during a 90-day period.

Before declaring the account no longer operative the Marshall, assignee, or collection agency shall make a reasonable attempt to contact the patient by:

telephone as indicated on records and

to give notice in writing to last known address on record

the payment plan may become inoperative, and will offer the opportunity to renegotiate the payment plan.

- Marshall Medical Center, its collection agencies or assignees, in good faith, will not report adverse information to a consumer credit reporting agency or commence a civil action against the patient or responsible party for nonpayment prior to the effective date of the cancellation of the Payment Plan.

Collection efforts:

The following address the timing and under whose authority patient debt is advanced for collection. Any collection activity shall only be conducted by Marshall Medical Center external collection agency.

- Each external collection agency shall agree in writing that it will adhere to Marshall's standards and scope of practices with regards to collection activities, including, without limitations, the Payment Plan provisions of the policy.

- Marshall and its assignees shall not, in dealing with patients eligible under this policy use wage garnishments or liens on primary residence as a means of collecting unpaid Marshall bills.
- Marshall collection agencies or other assignees shall not, in dealing with any patient, use any of the following as a means of collection unpaid Marshall bills:

A wage garnishment, except by order of the court upon noticed motion, supported by a declaration filed by the movant identifying the basis for which it believes that the patient has the ability to make payments on the judgment under wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on current condition of the patient and other obligations of the patient.

Notice or conduct a sale of the patient's primary residence during the life of the patient or his or her spouse, or during the period a child of the patient is a minor, or a child of the patient who has attained the age of majority is unable to take care of him/herself and resides in the dwelling as his or her primary residence. In the event a person protected by this paragraph owns more than one dwelling, the primary residence shall be the dwelling that is the patient's current homestead, as defined in Section 704.710 of the California Code of Civil Procedure, or was the patient's homestead at the time of the death of a person other than the patient who is asserting the protections of the paragraph.

This requirement does not preclude a Marshall collection agency, or other assignee from pursuing reimbursement and any enforcement remedy or remedies from third-party liability settlements, tortfeasors, or other legally responsible parties.

- Marshall and its agents shall not report adverse information to a consumer credit reporting agency or commence a civil action against a patient or responsible party for nonpayment

prior to the time a payment plan is declared to be no longer operative or 180 days have elapsed from first statement to the patient or responsible party.

Record keeping:

The patients' record will have the following updates:

- Have an alert or its equivalent created on the person to notify staff of the determination and the start and end date.
- Assign a plan code appropriate level of discount payment or charity care with the appropriate effective and end date of the patient discount payment or charity care coverage.
- All records pertaining to the application, documentation, and final determination will be scanned and available for audit and review. In addition, notes relating to discount payment or charity application and approval or denial will be entered on the patient's account by the credit notes function.

Application of these Policies:

The charity care and discount payment policies described herein do not create an obligation on the part of Marshall Medical Center to pay for any charges or services not included in the Hospital, Physician Clinic Services, or Home Care bill at the time of service. These charity care and discount payment policies do not apply to services provided within the hospital by physicians or other medical providers including Anesthesiologists, Radiologists, Pathologist, and El Dorado Surgery Center, etc.

Public Notice and Posting:

Public notice of the availability of assistance through these policies will be posted in the following areas:

- Emergency department
- Solution station
- Admissions office
- All Outpatient service areas

Signage will include the following:

Notice of Availability of Marshall Medical Center's

Discount Payment and Charity Care Policies

In accordance with California Health and Safety Code Sections 127400 et seq., Marshall Medical Center discounts payment or provides charity care to financially qualified patients. Patients who qualify for these discounts or charity care under our policies include patients who meet both of the following qualifications:

1. The patient either is a self-pay patient or has high medical costs, as defined in our discount payment and charity care policies; AND
2. The patient has a family income (as defined in the policies) that does not exceed 350% of the federal policy level.

TO RECEIVE A COPY OF OUR DISCOUNT PAYMENT AND CHARITY CARE POLICIES OR TO APPLY FOR DISCOUNTED PAYMENT OR CHARITY CARE, PLEASE CONTACT OUR FINANCIAL COUNSELORS AT 530-626-2618.

3. Self-Pay patient billings will include the following

- A statement of charges for services rendered
- A request that the patient inform the facility if they have private health insurance, Medicare, Medi-Cal, California Children Services Program or other coverage.
- A statement that if the patient does not have insurance coverage, they may be eligible for a government-subsidized insurance through Covered CA (California Health Benefits Exchange), Medicare, Medi-Cal, California Children Service Program, discount program or charity care.
- A statement that the Marshall Medical Center can and will provide applications for Medi-Cal, and the organizations discount payment and charity care along with contact information.
- Information regarding the financially qualified patient and charity care application, including (a) a statement that, if the patient lacks, or has inadequate, insurance, and meets certain low-and moderate-income requirements, the patient may qualify for discounted payment or charity care; and (b) a statement that the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance by contacting the hospital's customer service office at (530) 626-2618.

N. RIGHT TO APPEAL:

Each patient or their representative may request an appeal of the decision made by contacting the Customer Service Unit at 530-626-2618, and request an appeal form.

ATTACHMENT A

**2017 POVERTY GUIDELINES FOR THE 48
CONTIGUOUS STATES AND THE DISTRICT
OF COLUMBIA**

PERSONS IN FAMILY/ HOUSEHOLD	POVERTY GUIDELINE
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*For families/households with more than 8 persons,
add \$4,180 for each additional person.*

1	\$12,060
2	\$16,240
3	\$20,420

**2017 POVERTY GUIDELINES FOR THE 48
CONTIGUOUS STATES AND THE DISTRICT
OF COLUMBIA**

PERSONS IN FAMILY/ HOUSEHOLD	POVERTY GUIDELINE
---------------------------------	-------------------

4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320